

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

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Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Hoosiers for Rokita, Inc.

ADDRESS (number and street)

5868 E 71st Street

- ☒ (Check if address is changed)

Suite E-202

Indianapolis

CITY ▲

IN

STATE ▲

46220-5856

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

- ☒ (Check if address is changed)

merler@toddrokita.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

- ☐ (Check if address is changed)

2. DATE

10 / 14 / 2017

3. FEC IDENTIFICATION NUMBER ►

C C00476192

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Erler, Michael, J, Mr., Sr.

Signature of Treasurer

*Michael J. Erler*

Date

08 / 14 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Rokita, Theodore, Edward, ,

Candidate  
Party Affiliation

REP

Office  
Sought:☐

House

☒

Senate

☐

President

State

IN

District

00

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate**Party Committee:**

- (d) ☐ This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

20117636117602000244864435

Write or Type Committee Name

**Hoosiers for Rokita, Inc.****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

Erler, Michael, J, Mr., Sr.

Mailing Address

1801 N Shutt Hill Rd

Huntington

CITY

STATE

ZIP CODE

Title or Position  
Treasurer

Telephone number

Full Name of  
Designated  
Agent

Erler, Michael, J, Mr., Jr.

Mailing Address

5802 Oak Ave

Indianapolis

CITY

IN

STATE

46219-7219

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Salin Bank

Mailing Address

8455 Keystone Crossing Drive

Indianapolis

CITY

IN

STATE

46240-1159

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

201708170200246445

earthsmart

MORTGAGE ID:FLMA 260 44-3847  
 MICHAEL J. ELLER  
 HOOSIERS FOR ROKITA, INC.  
 1801 N SHUTT HILL RD  
 HUNTINGTON, IN 46750  
 UNITED STATES US

SHIP DATE: 14AUG  
ACTWGT: 0.20 LB  
CAD: 6985774/SSF  
BILL CREDIT CARD

TO SECRETARY OF THE SENATE  
OFFICE OF PUBLIC RECORDS  
232 HART SENATE OFFICE BLDG

**WASHINGTON DC 20510**

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# OPEN FOR INSPECTION

United States Senate

## Post Office

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Senate Post

AUG 15

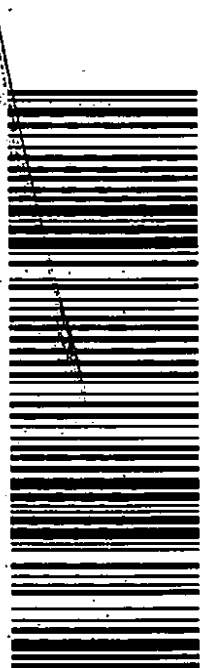
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# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

## OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	08/14/17	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

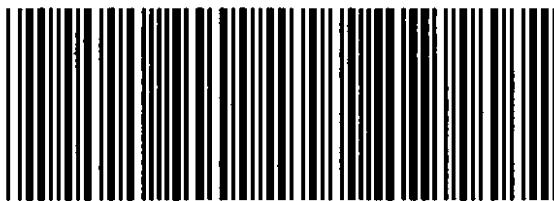
POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER MH DATE PREPARED 08/17/17

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